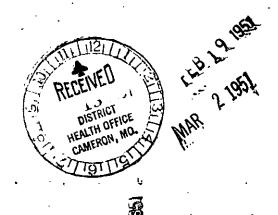
u Taler lan	1 77 4074	THE DIVISION OF H	EALTH OF MISSOURI	_	
NAC JEEF JAN	17 1951	STANDARD CERTI	FICATE OF DEATH	State File No.	46
BIRTH NO		REG. DIST. NO. 2	_ PRIMARY REG. DIST. NO.	5014 Registrar's No	295
1. PLACE OF D	EATH		2. USUAL RESIDENCE	E (Where deceased lived. If is	asticution: residence before
a. COUNTY An	drew		a. STATE Nabrasi	ka b. COUNTY D	ouglas admission).
II OR _	corporate limits, write R	URAL and give c. LENGTH Of township STAY (in this place BON TOWNShip Mi	c. CITY (If outside corporate OR TOWN Omahs	limits, write RURAL and give too	mahip) 826
TOWN Rur		<u> </u>	-		
HOSPITAL OR INSTITUTION		nativation, give etreet address or location 1 -S outh bound -		No.39th Street.	
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Emmett	Craig	Jones	DEATH January	5, 1951.
Male)	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	April 21,1912	9. AGE (In years of those last birthday) Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sale sman		10b. KIND OF BUSINESS OR IN DUSTRY Sylvania Electric	, l	· - · · · · · · · · · · · · · · · · · ·	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAM	E	136. MOTHER'S MAIDE	N NAME 14.	NAME OF HUSBAND OR WI	FE
	iam H. Jone			Margaret Jones.	
15. WAS DECEASED E (Yee, no, or unknown) NOT give	VER IN U.S. ARMED (If yes, give war or dates of the control of the	FORCES? 16. SOCIAL SECURITY NO not given	7. INFORMANT'S S C.H.O'Brien	GNATURE OR NAME 3515 Crocker St	ADDRESS .,Des Moines
18. CAUSE OF DEATH Enter only one cause pe line for (a), (b), and (c	I DISEASE OR CO	MEDICAL	certification	ssion	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia etc. It means the dis	Morbid conditions rise to the above co	n, if any, gloing DUE TO (b)	actured s	kull	28334
ease, injury, or complica	·		tomobile a	ccident	32
tion which caused death	Conditions contrib	FICANT CONDITIONS not not see or condition causing death.			
19a. DATE OF OPERA	196. MAJOR FINE	DINGS OF OPERATION		2	20. AUTOPSY?
21a. ACCIDENT SUICIDE		21b. PLACE OF INJURY (e.g., in or about		NSHIP)' (COUNTY)	(STATE)
HOMICIDE A	eident !	home, farm, factory, street, office bidg., erc.	Jeffersontow,	nohip Andrew	Mo.
21d, TIME (Mont	1) (Day) (Year) () 5 /95//	Elour) 21a. INJURY OCCURRED O D WHILE AT NOT WHILE WORK AT WORK	21% HOW DID INJURY OCC	uri P F hishway #71, turn	ed end over en
22. I hereby certify alive on	·	1	5, 1951, 10 Jan	. 5, 1951, that I la	st saw the deceased
23m SIGNATURE	solvell,	20 Coroner	236. ADDRESS 307 W. Mais	0 11 00.	23c. DATE SIGNED
24a. BURTAL. CREM TION REMOVAL (Book ROMOVAL)	(r).	240. NAME OF CEMETE		LOCATION (City, town, or con	***
			lue Funeral Home		
DATE REC'D BY LOC		eau Sparks	Halter Mei	•	Joseph, Mo
		(Licensed Embalmer's	Statement on Reverse Side)	70	



·*** 19 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaimed by me, or by

working under my personal supervision.

Signed Elbert & Harring to

Student Embalmer

Licensed Embalmer No. 358 / 1835.

P. O. Address - Franch P. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITD G. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

If this body is not embalmed, fact should be so stated above.